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Designing a Teaching Nursing Home Model: Improving education and improving care

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Designing a Teaching Nursing Home Model

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Acknowledgements

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Problem

- As the population ages and care is transitioned out of the acute care setting, there will be greater need for NPs in the long-term care and rehabilitation setting
  - Educational need for venue for training NP students
  - Patients in long-term care and rehabilitation facilities need care (King, Roberts, & Bowers, 2013; Nolet et al, 2015).
  - Skilled nursing facilities need skilled nurses

Available Knowledge

- 1980's Robert Wood Johnson funding for "teaching nursing homes" (Chilvers & Jones, 1997; Mezey & Lynaugh, 1989)
- The model integrates skilled nursing facility care with nursing educational institutions.
- Funding ended and the teaching nursing homes by and large ended

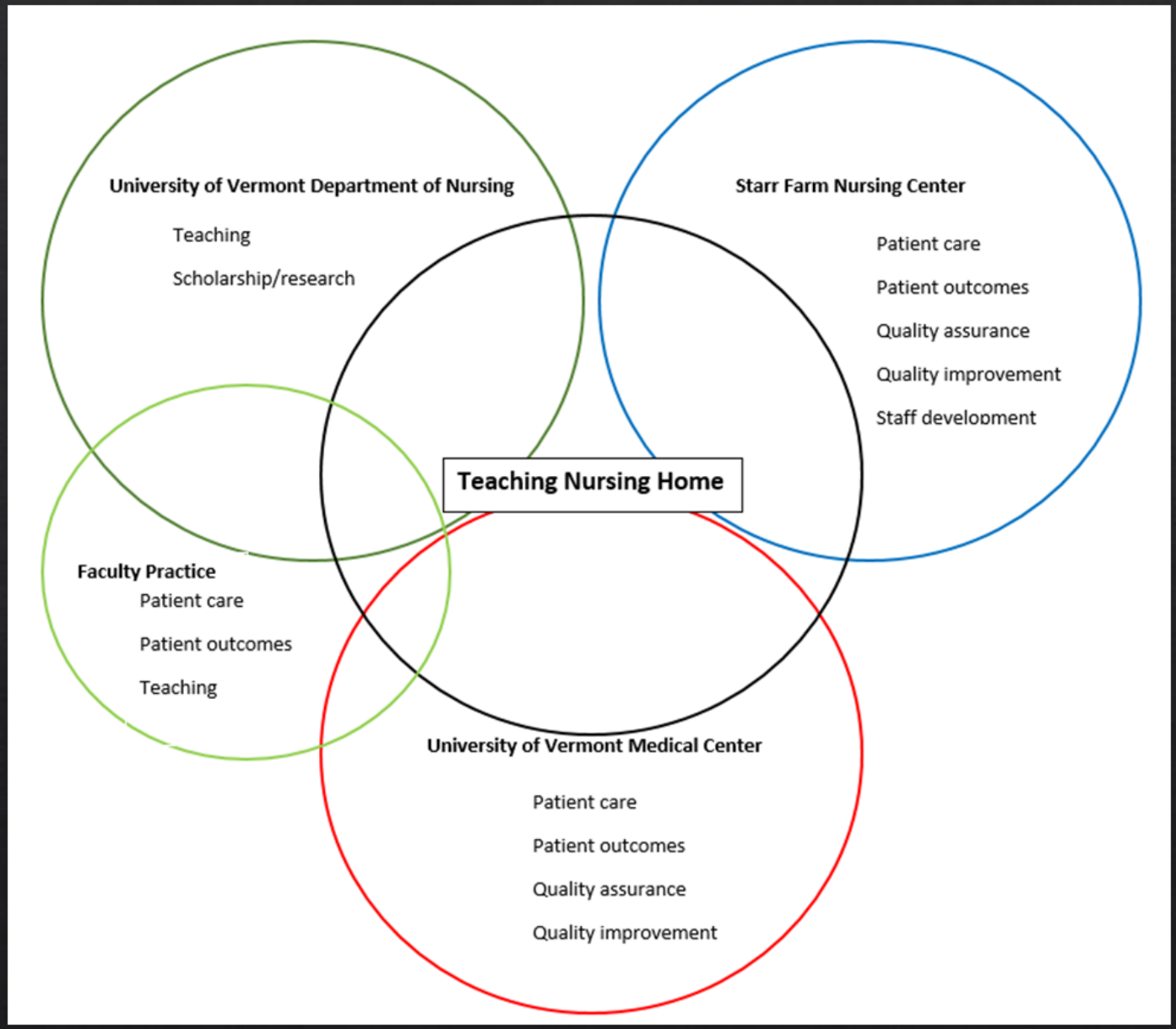
Rationale

- UVM benefits from increased venues in which to train NP students
- The facility benefits from an additional NP and NP students
- Patients benefit from increased access to providers
- The nursing profession benefits from the addition of new NPs exposed to and trained in working with a geriatric population with acute and complex health needs.

Purpose and Aims

- Design a framework that could be implemented to sustainably employ a university faculty nurse practitioner in the long-term care/rehab facility and utilize it as a teaching site.
- Define the role of the nurse practitioner in the teaching nursing home model
- Define of the partnership roles between the University, leadership and staff in the skilled nursing facility, and the medical director of the skilled nursing facility
- Identify potential logistic issues around implementation.

The stakeholders



Context

- Long-term care and rehabilitation facility with 100 long-term care beds and 50 rehabilitation beds in three units. Medical direction contracted to the University of Vermont Medical Group.
- Current full-time providers: One MD and one NP.

What has been tried

“The cavalry has arrived!”

Intervention

- Identified facility and readiness for change and individuals involved in change
- Observation, interviews
- Personal observation
- National and federal data reviewed

Results

- Buy-in of Medical Director
- Buy-in of staff
- Buy-in of facility leadership
- Some logistic issues remain:
  - Space
  - Wifi and EHR access
  - Finances

Finances

Costs (approximate):	
Salary:	$88,000
Fringe:	$42,000
Total:	$122,000

Reimbursement based on level of service:	Amount billed	Amount reimbursed by Medicare	Actual amount collected
99308	$120.00	$68.33	$41.00
99309	$165.00	$90.09	$54.05
99310	$200.00	$133.91	$80.35

Total:	Amount reimbursed/week	Amount reimbursed/year	Additional needed
Anticipated income from billing (7 visits per day, 5 days a week, at 99309 LOS)	$1891.75	$90,804	$31,196

Summary and Analysis

- The teaching nursing home model is feasible and welcome; there is clear buy-in from the Medical Director and facility.
- The model would most likely be partially self-sustaining from a financial perspective
- It will likely require subsidy, ideally from the University of Vermont Medical Center Group
- The model would be beneficial to stakeholders at the University, the facility, and the University of Vermont Medical Center.

Ethical Considerations

- The role being designed for the nurse practitioner in the teaching nursing home model is one that must balance the needs of patient care with those of student learning. Conflicts could potentially include:
  - University holidays and academic calendar vs year-round patient care needs
  - The dual goals of education and patient care could be in conflict if academic duties and patient care are not carefully balanced in designing the role
- These can be surmounted by clear contract and role statements and are no different from NPs currently working at the faculty practice.

Results

- Roles defined
- Faculty costs (salary, fringe) identified
- Revenue from patient visits researched and forecasted
- Implementation would likely require subsidization
- Implementation would require facility changes to space use to accommodate an additional NP and students
- Logistic issues around wifi, EHR access, space remain – there may be improvement soon, however
- Model has historically documented efficacy and good success in terms of student education, patient care outcomes, and patient, staff, and provider satisfaction

Interpretation

- Facility leadership ready for teaching nursing home model but cannot commit at this time due to external and organizational constraints
- Logistic challenges remains, including EHR access, finances, and start-up cost
- Model would be beneficial for clinical education, quality of patient care, and satisfaction among facility staff and providers in providing clinical education.

Limitations

- Facility being sold, leadership changes
- Current transition in leadership personnel
- Sources of subsidization not yet identified
- Results tailored to and specific to a single college of nursing and health sciences and a single long-term care/rehab facility.
  - Although the above are limitations to the generalizability, they are vital to the success of this partnership working.
  - Negotiating any subsidy must happen at a leadership level

Conclusion

- ***This can work!***
- Overall, this work demonstrates that the model of the teaching nursing home remains feasible and beneficial even decades after its promotion by the Robert Wood Johnson foundation.
- This work provides the model and framework for implementation, including hiring of an NP
- This model and project has laid the groundwork of stakeholder buy-in and support via detailing
  - Expected benefits to all stakeholders
  - Feasibility
  - Challenges to expect and surmount in implementation

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